

PLAINTIFF	Troy Moore, Sr.	COURT CASE NUMBER 14-3873
DEFENDANT	McGrogan, Rn. Medical Nurse	TYPE OF PROCESS Lawsuit
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN McGrogan, Rn. Medical Nurse, Industrial Correctional Center	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 8301 State Road Philadelphia, Pa 19136	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 n/a
<input type="checkbox"/>	Office of the Clerk United States District Court Room 2609 601 Market Street Philadelphia, Pa 19106	Number of parties to be served in this case 4
<input type="checkbox"/>		Check for service on U.S.A. yes

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

Fold

FILED

Fold 7

n/a

MICHAEL E. KUNZ, Clerk
By _____ **Dep. Clerk**

Signature of Attorney or other Originator requesting service on behalf of:  PLAINTIFF DEFENDANT TELEPHONE NUMBER n/a DATE 7-15-14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
1	No. 66	No. 66		

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Kim T. West, Corizon Legal</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am <u>10-08-14</u> <u>4:30</u> <u>pm</u>
Signature of U.S. Marshal or Deputy <u>D. J. H.</u>	

Service Fee : Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund

REMARKS:

PLAINTIFF

Troy Moore, Sr.

COURT CASE NUMBER

No. 14-3873

DEFENDANT

Louis Giorla

TYPE OF PROCESS

Lawsuit

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Louis Giorla, Industrial Correctional Center

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

8301 State Road
Philadelphia, Pa 19136

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Office of the Clerk
United States District Court
Room 2609
601 Market St. Philadelphia, Pa 19106

Number of process to be served with this Form - 285

n/a

Number of parties to be served in this case

1

Check for service on U.S.A.

yes

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses; All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

n/a

FILED

OCT 22 2014

MICHAEL E. KUNZ, Clerk
Dep. Clerk
By

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

n/a

DATE

7-12-14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)Total Process
1District of Origin
No. 66District to Serve
No. 66

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

10-08-14 1:30

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: